

Tuesday, June 28, 2011

RE: Senate Bill 504

The Ingham Substance Abuse Prevention Coalition is a multi-sectored collaborative in Ingham County whose mission is to reduce the harmful effects of substance abuse in our community. We have been in existence since 2004, and focus predominantly on misuse of alcohol, tobacco and marihuana by youth and adults, and the impact that abuse has on society.

The Ingham Substance Abuse Prevention Coalition is in support of SB 504, which prohibits dispensing medical marihuana within 1,000 feet of a church or school. The Michigan Profile for Healthy Youth data for 2010 shows us that by the 11th grade, 40% of high school students have tried marihuana in Ingham County, and 19% have used in the past 30 days, an indicator of regular use. Our teens also indicate that marihuana use is *not* perceived as risky by one-third of our county 11th graders. Additionally, at the middle school level, 25% of 7th grade youth report that marihuana is either "sort of easy" or "easy" to obtain. That percentage jumps to 63% of 11th grade students reporting marihuana is either "sort of easy" or "easy" to obtain. Anecdotally, our coordinated school health teams in Ingham County tell us marihuana incidents are at an increase in the schools since the medical marihuana law was enacted, particularly in the past year. Coupled with the fact that historically in prevention, we know that youth do not perceive *legal* stimulants and medications to be risky, so the legalization of medical Marihuana contributes to this belief. It is our role as community members, parents, law enforcement, and governmental officials to make these substances are available only to those who have the legal right to use them, and to assure they stay out of the hands of our youth.

As a result, the ISAP coalition fully supports SB504. I have included two handouts, one with Ingham/Eaton and Clinton county data around marihuana use, as well as a fact sheet our coalition uses that includes recommendations for the community and lawmakers. I appreciate the opportunity to share this important information with you.

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Ingham Substance Abuse Prevention Coalition

What we know:

Medical Marijuana

137,371 original and renewal applications received since April 6, 2009

Facts and impact on Michigan and our Communities

Summer 201

75,521 patient registrations issued

14,374 applications denied -most due to incomplete
application or missing
documentation.

In January 2011, medical marijuana card approval was moved from MDCH to LARA

Currently, LARA is working on processing valid applications received at the beginning of May 2010

LARA is advising applicants that if a card is not issued within 20 days of the application being submitted, then it is deemed granted.

Only a physician (MD or DO) fully licensed in Michigan can make a valid written certification...the physician is not recommending marijuana...

...the physician is only stating an "opinion" as to the likelihood of a medical benefit, and can do so under the law without any legal or professional liability, except that a physician is always subject to professional malpractice.

A document signed by a physician, stating the patient's debilitating medical condition and that in his/her professional opinion, the patient is likely to therapeutically benefit from the medical use of Marijuana.

As of May 16, 2011 via www.michigan.gov/lara

Defining the law:

Permit physician approved use of marijuana by registered patients with debilitating medical conditions cancer, glaucoma, HIV, AIDS, hepatitis C, MS and other conditions as may be approved by Licensing and Regulatory Affairs (LARA)

Permit registered individuals to grow limited amounts of marijuana for qualifying patients in an enclosed, locked facility.

Require LARA to establish an identification card system for patients qualified to use marijuana and individuals qualified to grow marijuana.

Permit registered and unregistered patients and primary caregivers to assert medical reasons for using marijuana as a defense to any prosecution involving marijuana.

The state is not authorized to regulate growing sites or quality of product under this act.

The acquisition, possession, cultivation, manufacture, use, internal possession, delivery, transfer, or transportation or paraphernalia relating to the administration of Marijuana to treat or alleviates a registered qualitying patients debilitating condition or symptoms.

Caregivers:

Patient /
Applicant:

Either the Qualifying Patient or the Primary Caregiver can be allowed to possess the marijuana plants.

A registered "Qualifying Patient" is allowed to possess an amount of marijuana that does not exceed 2.5 ounces of usable marijuana and allowed to cultivate 12 marijuana plants kept in an enclosed, locked facility.

A qualifying registered patient is protected from "arrest, prosecution, or penalty in any manner, or denied any right or privilege, including, but not limited to civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau" for medicinal use or possession of marijuana.

The law is silent on how a patient acquires medical marijuana, which has allowed for the influx of medical marijuana dispensaries, who assign a "caregiver" to a patient

Fee is \$100 for patient or \$25 if receiving SSI, receiving full Medicaid benefits, or SSD

An applicant submits a LARA approved application, fee, copy of current photo ID and a physician certification to LARA

LARA reviews and approves/denies application with 15 days of receipt

LARA issues registration card with 5 days of approval

The statute allows for a copy of the application submitted to serve as a valid registry identification if the card is not issued within 20 days of its submission to LARA

If an application is denied for any reason, there is no waiting period to resubmit, and the approval process begins again—no denial within 20 days serves as approval until denial is received, and the process begins again.

Recommendations for Legislation from ISAP

In recent months, the Ingham Substance Abuse Prevention Coalition has been discussing the impact of the Medical Marijuana law on our communities. We have several concerns about how this law has been implemented, particularly the lack of consistency in implementation at both the state and local level. We have identified four key concerns that we believe could be resolved through legislation.

We are *not* attempting to revoke or undermine the medical marijuana law, but to assure that safety and rights of all Michigan citizens are protected, especially our youth. These recommendations are designed to allow use of medical marijuana for those truly in need, but to clarify the law and reduce the harmful effects of misuse on our communities.

"We have identified four key concerns with the Michigan Marijuana Act that we believe could be resolved through legislation"



According to the Michigan Medical Marijuana Program (MMMP) there are minors who are registered patients using Marijuana through this law. The ballot language passed on the Michigan law did not speak to the age of medical Marijuana users. The law does allow use by minors if the parent(s) serve as the caregiver and two physicians sign off on the medical marijuana use recommendation. However, Marijuana is a drug that alters the structure and function of the brain and is not appropriate for use by minors under the age of 18 unless extreme circumstances prevail (hospice, etc).



Michigan is the only state with a Medical Marijuana Law that does not require a photo on the card for the patient or caregiver. Without photo identification, cards are easily used fraudulently and make verification of licensure difficult for law enforcement. Michigan medical Marijuana "Patient" and "Caregiver" Cards should utilize photos on the registration cards.



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The Michigan Medical Marijuana Program (MMMP) is a state registry program recently transferred from the Bureau of Health Professionals at the Michigan Department of Health to the Department of Labor and Economic Growth, which regulates licensing in the State of Michigan. Staff is currently six months behind in review and approval/denial of Medical Marijuana cards. Patients who file an application that which is not reviewed within 15 days of receipt are able to utilize their application as an approved registration card.



The Michigan Medical Marijuana law does not specifically address dispensaries. In States where the medical marijuana laws do address dispensaries, the laws generally establish regulation around zoning, placement, and density of these businesses. License ordinances for medical marijuana dispensaries should be enacted and reasonably related to police power. There should be standards to guide licensing, such as applications and fees, standards for approval or denial, procedures for suspension, revocation and renewal, and penalties for violations. Zoning should permit dispensaries only in general business or industrial zones, with minimum distance requirements from schools, child care facilities, substance abuse treatment facilities, and residential districts.

Demographics	Ingham	Ingham	Eaton	Eaton	Clinton	Clinton
	2008	2010	2008	2010	2008	2010
Public high school districts in the county	5/12	6/16	4/7	5/9	3/6	3/6
participating in MiPHY	41.7%	37.5%	57.1%	55.6%	50.0%	50.0%
Public middle school districts in the county	6/17	6/16	4/8	4/9	5/6	4/6
participating in MiPHY	35.3%	37.5%	50.0%	44.4%	83.3%	66.7%
7th graders who took MiPHY survey	561	1198	927	779	709	467
9 th grade who took MiPHY survey	355	1053	787	1119	373	340
11th grade who took MiPHY survey	344	869	368	713	299	344
Total number of high school students who	699	1922	1155	1832	672	684
took MiPHY survey						

2010 MiPHY Results for Alcohol, Tobacco, and Other Drugs

Risk Behavior	Population	Ingham	Ingham	Eaton	Eaton	Clinton	Clinton	YRBS*
		2008	2010	2008	2010	2008	2010	2009
Percent of students who	7 th graders	17.4%	22.4%	23.2%	20.4%	16.9%	11.9%	N/A
have ever consumed	9 th graders	43.1%	37.2%	54.8%	46.4%	43.8%	35.5%	61.7%
alcohol	11 th graders	59.9%	60.0%	75.0%	63.7%	67.0%	54.3%	72.3%
	HS Total	51.3%	47.3%	61.3%	53.4%	54.2%	45.0%	68.8%
Alcohol use in past 30	7 th graders	6.0%	9.7%	9.2%	7.8%	7.3%	4.3%	N/A
days	9 th graders	16.8%	16.3%	28.5%	23.9%	22.6%	15.7%	26.4%
	11 th graders	32.2%	28.1%	43.0%	32.8%	37.4%	29.3%	42.4%
	HS Total	24.3%	21.6%	33.1%	27.5%	29.2%	22.6%	37.0%
Percent of students who	7" graders	6.0%	13.0%	8.4%	%9:8	6.0%	3.6%	N/A
have ever tried cigarette	9 th graders	16.1%	22.2%	28.4%	25.9%	24.0%	17.7%	37.0%
smoking.	11 th graders	31.8%	29.7%	34.9%	29.5%	39.3%	31.0%	51.9%
	HS Total	23.8%	25.6%	30.4%	27.4%	30.7%	24.2%	46.0%

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		2008	2010	2008	2010	2008	2010	2009
Cigarette use in past 30	7 th graders	1.8%	7.2%	4.2%	5.1%	2.6%	1.1%	N/A
days	9 th graders	5.8%	10.0%	14.6%	12.4%	15.8%	9,4%	14.8%
	11 th graders	16.6%	10.8%	16.7%	14.4%	20.5%	17.8%	21.4%
	HS Total	11.0%	10.4%	15.3%	2 0 2 %	17.9%	<u>ವ</u> ಚ	18.8%
Percent of students who	7 th graders	1.5%	10.7%	4.6%	5.4%	2.3%	1.5%	N/A
have ever used	9 th graders	12.9%	24.4%	31.4%	27.1%	21.1%	12.7%	23.4%
marijuana	11 th graders	36.1%	40.5%	47.9%	41.6%	35.3%	28,9%	45.4%
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Marijuana use in past	7 th graders	.5%	9.4%	1.9%	3.7%	1.7%	0.6%	N/A
30 days	9 th graders	4.9%	15.3%	17.7%	15.7%	11.1%	6.8%	13.0%
	11 th graders	18.8%	19.1%	24.9%	23.7%	16.4%	1 5.0%	26.0%
	HS Total	11.7%	17.0%	20.0%	18.9%	13.4%	10.9%	20.7%
Percent of students who	7 th graders	4.2%	8.2%	7.8%	7.2%	6.9%	4.9%	N/A
took a prescription drug	9 th graders	2.0%	2.9%	6.7%	5.1%	5.3%	2.8%	N A
without a doctor's	11 th graders	8.0%	3.9%	9.5%	6.4%	5.7%	6.0%	N/A
prescription one or	HS Total	4.9%	3.4%	6.7%	ა თ ა	5.3%	4.4%	Z >
more times in the past 30 days								
Percent of students who	7 th graders	N/A	17.3%	N/A	15:1%	N/A	11.2%	N/A
took a painkiller without	9 ^m graders	7.4%	8.5%	11.5%	101% 	8.3%	9.0%	N/A
a doctor's prescription	11 th graders	12.2%	8.4%	14.4%	9.9%	9.9%	8.5%	N/A
times in the	HS Total	9.8%	8.5%	12.4%	10.0%	9.0%	8.7%	N/A
past 30 days								